



Please type a plus sign (+) inside this ++

PTO/SB/05 (12/97)

Approved for use through 09/03/00. OMB 0651-0032

Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 10717RNUS01U Total Pages 58
	First Named Inventor or Application Identifier Kahveci, T.
	Express Mail Label No. EL355509825US

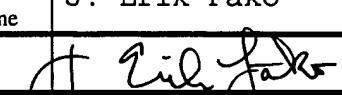
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	
2. <input checked="" type="checkbox"/> Specification [Total Pages 44] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 8]	
4. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d) and 1.33 (b). 	
5. <input type="checkbox"/> Incorporation By Reference (usable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS	
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
12. <input type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEM 503) (Should be specifically itemized)	
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign Priority is claimed)	
16. <input type="checkbox"/> Other: _____ _____ _____	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No: /

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 22033 or Correspondence address below

NAME _____ _____		ADDRESS _____ _____	
CITY	STATE	ZIP CODE	
COUNTRY	U. S. A.	TELEPHONE	FAX
SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	J. Erik Fako	Reg. No.	42,522
Signature		Date	6/7/00
Deposit Account User ID			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

A
+
 JC571 U.S. PTO
 09/589414
 06/07/00

Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

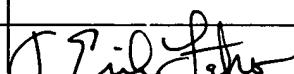
1C571 U.S. PTO
09/589414
06/07/00

FEE TRANSMITTAL		<i>Complete if Known</i>			
		Application Number			
		Filing Date			
		First Named Inventor		Kahveci, T.	
		Group Art Unit			
		Examiner Name			
TOTAL AMOUNT OF PAYMENT		(\$ 1,626.00)		Attorney Docket Number 10717RNUS01U	

METHOD OF PAYMENT (check one)		FEES CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit and over payment to: Deposit Account Number 50-0873 Deposit Account Name		3. ADDITIONAL FEES Large Entity Small Entity Fee Description Fee Paid Fee Code (\$ Fee Code (\$ Fee Code (\$ Fee Description Fee Paid 105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing fee or cover sheet 139 130 139 130 Non-English specification 147 2520 147 2520 For filing a request for reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action Request publication of SIR after Examiner action 113 1840* 113 1840* Extension for reply within first month 115 110 215 55 Extension for reply within second month 116 380 216 190 Extension for reply within third month 117 870 217 435 Extension for reply within fourth month 118 1360 218 680 Extension for reply within fifth month 128 1850 228 925 119 300 219 150 Notice of Appeal 120 300 220 150 Filing a Brief in support of an appeal 121 260 221 130 Request for oral hearing 138 1510 138 1510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidable 141 1210 241 605 Petition to revive- unintentional 142 1210 242 605 Utility issue fee (or reissue) 143 430 243 215 Design issue fee 144 580 244 290 Plant issue fee 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Petitions related to provisional applications 126 240 126 240 Submission of Information Disclosure Statement 581 40 581 40 Recording each patent assignment per property (times number of properties) 146 760 246 380 Filing a submission after final rejection (37 CFR 1.129(a)) 149 760 249 380 For each additional invention to be examined (37 CFR 1.129(b)) Other fee (specify) _____ Other fee (specify) _____			
SUBTOTAL (1) (\$ 590)		SUBTOTAL (3) (\$ 0)			
2. CLAIMS Total Claims 39 -20 = 19 X 18 = 342 Independent 15 -3 = 12 X 78 = 936 Multiple Dependent Claims 1 X 1 = 1					
Large Entity Small Entity Fee Description Fee Paid Fee Code (\$ Fee Code (\$ Fee Description Fee Paid 103 18 303 9 Claims in excess of 20 102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim 109 78 209 39 Reissue independent claims over original patent 110 18 210 9 Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2) (\$ 936.00)					

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name J. Erik Fako				Reg. No.	42,522
Signature 		Date 6/7/00	Deposit Account User ID		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

06/07/00
U.S. PTO
100-13813



4006 E. Highway 54
Network Center 2, MS D16/02/0E2
Durham, North Carolina 27713
Tel 919.997.4453
Fax 919.997.6659
efako@nortelnetworks.com

www.nortelnetworks.com

J. Erik Fako
Senior Counsel

June 7, 2000

Box Patent Application
Assistant Commissioner
for Patents
Washington, D.C. 20231-9999

Re: U. S. Patent Application
Docket No. 10717RNUS01U
Entitled : A Computer System for Managing Data Exchanges Among
a Plurality of Network Nodes

Dear Sir:

Enclosed is a patent application including formal papers as follows:

Applicant: Tunc M. Kahveci, et al.

Title : A Computer System for Managing Data Exchanges Among a Plurality
of Network Nodes

No. Pages Specification: 30; Claims: 13; Abstract: 1; Informal Drawings: 8;
Unexecuted Power of Attorney

Kindly acknowledge receipt of the foregoing by returning the enclosed self-
addressed postcard.

Sincerely,

A handwritten signature in black ink, appearing to read "Erik Fako".

Erik Fako

JEF:sfp
EL355509825US

CERTIFICATE OF EXPRESS MAILING

EXPRESS MAILING LABEL NO. EL355509825US
DATE OF DEPOSIT: 6/7/00

JC571 U.S. PTO
09/589414
06/07/00

I hereby certify that the accompanying application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, DC 20231.

Sharon F. Preston

Name: Sharon F. Preston
Date of Signature: 6/7/00